

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	/					51	13	
2						52		
3						53		
4						54		
5						55		
6						56		
7						57		
8						58		
9						59		
10						60		
11						61		
12						62		
13						63		
14						64		
15						65		
16						66		
17						67		
18						68		
19						69		
20						70		
21						71		
22						72		
23						73		
24						74		
25						75		
26						76		
27						77		
28						78		
29						79		
30						80		
31						81		
32						82		
33						83		
34	33					84		
35	/					85		
36	1					86		
37	2					87		
38	1					88		
39	1					89		
40	1					90		
41	1					91		
42	1					92		
43	1					93		
44	1					94		
45	1					95		
46	1					96		
47	1					97		
48	1					98		
49	1					99		
50	1					100		
TOTAL IND.	3					TOTAL IND.		
TOTAL DEP.	93					TOTAL DEP.		
TOTAL CLAIMS	96					TOTAL CLAIMS		